Hilton Community Services Limited

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Inspection report

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Date of inspection visit:
23 March 2016
31 March 2016
05 April 2016
12 April 2016

Date of publication:
13 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on 23 and 31 March and 05 and 12 April 2016. We also spoke to professionals on 15 and 20 April 2016 for their feedback about the service. We gave the provider 48 hour notice before we inspected to ensure that people were home when we visited and that staff would be available to talk to us. When we last inspected the service 13 February 2014 we found them to be meeting the standards. At this inspection we found that they had continued to meet the required standards.

Hilton Community Services Ltd provides personal care and support to adults with learning and physical disabilities in their own supported living schemes across a variety of locations. Each home is purpose built, and leased by the people who use the service. However, Hilton Community Services Ltd provides 24 hour care to people based within each of these homes. For the purpose of this report when we refer to people living in their own homes; these are shared schemes that accommodate a small number of people across Essex, Suffolk and Norfolk area.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe using the services provided by Hilton Community Services Limited. Staff were aware of how to keep people safe and risks to people's safety and well-being were identified and effectively managed. Where people's needs changed staff ensured these were responded to and met in a safe manner. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. There were suitable arrangements for the safe storage and administration of people's medicines, and these were regularly reviewed.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care and demonstrated this throughout the inspection. Staff received regular support from management which helped them feel supported and valued.

People received appropriate support and encouragement to eat and drink sufficient quantities and people's nutritional needs were assessed and monitored effectively. People had access to a range of healthcare professionals when they needed them and feedback from health care professionals was positive and supportive of the care provided.

People's privacy and dignity was promoted. People told us they were treated with kindness and compassion by staff that listened to them and who knew them very well.

People and staff told us the positive culture within the service was set by the provider and shared by all staff

when providing care. Regular audits and checks of the quality of care provided were carried out, and managers met regularly to review any outstanding areas identified as in need of improvement. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the quality of care services provided. People's care records were maintained accurately and depicted each person's unique needs comprehensively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report abuse.

People were supported by sufficient numbers of staff who had been safely recruited.

Risks to people's safety and well-being were safely managed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People's health needs were supported by a range of health professionals.

Is the service caring?

Good

The service was caring.

Staff spoke with and supported people in a caring manner and respected people's privacy.

People were well cared for and staff respected people's individual needs.

People were supported to maintain family relationships.

Is the service responsive?

Good

People received personalised care that met their individual

needs.

People were able to raise concerns regarding the service and were responded to promptly.

People felt comfortable with raising concerns with the staff, manager and provider if they needed to.

People were able to choose how they spent their time and staff supported them where required to pursue hobbies and interests.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and incidents that were required to be reported to CQC had been completed when required.

There was a clear culture in the homes that demonstrated the manager's approach was caring and inclusive.

People were encouraged to contribute their ideas about the service.

Staff and heath care professionals spoke highly of the quality of care people received.

Hilton Community Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 31 March and 05 and 12 April 2016. We also spoke with health and social care professionals on 15 and 20 April 2016 for their feedback about the service. We gave the provider 48 hour notice before we inspected to ensure that people were home when we visited and that staff would be available to talk with us.

The inspection team was made up of one inspector.

Before our inspection we reviewed information the provider submitted by their completed Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed information sent to us by local authorities in relation to the care provided to people and the outcome of safeguarding investigations.

During the inspection we observed how staff offered support to people who used the service, we spoke with seven people who used the service, four members of staff, the team leader, the development and training manager, the registered manager and the provider. We received feedback from eight representatives of two separate local authorities health and community services team and local safeguarding team.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to

help us understand the experience of people who could not talk with us.

We reviewed care records relating to five people who used the service and other documents central to people's health and well-being. We also viewed staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and content with the care provided to them. One person told us, "I like it, I am happy with it all." One person's relative told us, "I know that when I go home once I have seen [Person] I can get on with my own life without having to worry about [Person]. The staff here are not like other places you hear of, they are warm and caring, so yes, I think [Person] is safe."

Staff we spoke with were aware of how to identify and report any suspicions of abuse or harm. They were clear about the actions they would take if they suspected a person was at risk of harm. They told us they would document the concern in the person's notes, and immediately inform a member of the management team. Staff told us that they felt able to approach their manager at any time to report concerns. One staff member said, "I've been with [Person] for years, it's just me and them, if I thought anything was up, I'd be on the phone straight away to [Manager and Provider]."

Incidents that occurred within the various homes were reported and investigated without delay. Where the incident required reporting to CQC or the local authority we saw these were completed where necessary. As the provider operated their services across a geographically wide area, they ensured all incidents were reported directly to them. The provider reviewed incidents or injuries on a monthly basis, and reviewed these for any emerging patterns or trends, and identified where additional training may be required.

We were aware of recent incidents that had been reported to the Care Quality Commission regarding allegations of allegations that staff abused a service user working in one of the sites operated by Hilton Community Services Ltd. The provider was able to demonstrate extensively how they had acted on these allegations and worked with the local authority to investigate and review people`s support plans to ensure they were safe. They took the appropriate disciplinary actions to ensure the reported incident had not repeated. They reviewed and shared the outcome of the investigation with senior staff to ensure learning from the incident was cascaded to all the staff and actions were taken to mitigate the risk of it reoccurring.

Risk assessments were developed that maximised people's independence and ability to remain in control of their life. People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines were simple to follow and ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives. For example, we saw guidelines for staff to follow which enabled them to support one person with their eating due to the risks of choking. Staff were able to tell us about this persons particular needs and how they prepared meals of a particular consistency and took their time with the person when assisting them offering small and regular portions. One social care professional told us "I have worked with the staff at Hilton for a long time and in all the reviews I have carried out over the years the approach to safely managing risks to people is faultless."

There were sufficient staff deployed to support people safely. Staff were allocated to work with specific people in their own homes across both day and night. Each person had the same staff support them in rotation which meant people were supported consistently by staff who knew them well. The provider

offered bespoke packages of care to people on an individual basis. They assessed people`s physical needs and social needs. The provider individually agreed the required time for personal care for people. For example in one home, a person was heavily dependent upon their carer. We saw that for this person, it took several hours just to get the person up for the day, due to their complexity of needs. This person had been allocated a particular carer on a one to one basis to meet their physical needs effectively. , However in another home, a person's needs were considered to be significantly lower, meaning they received less time for personal care. In addition to the physical care hours, the provider also provided a certain number of core hours for socialising, hobbies, activities people needed. Each person's hours were different; however, all people received support and had their social needs met. This meant that with the flexibility and constant review and monitoring of the staffing arrangements, people were supported by sufficient numbers of staff on an individual needs led basis.

Staff employed to work with people had undergone sufficient recruitment checks prior to starting work. The files we looked at all contained the required documentation including health questionnaires, references from previous employment and criminal records checks. We spoke with the provider about criminal record checks not being renewed regularly, however they told us in response they would ask staff to complete an annual declaration and would increase the frequency of renewed checks in future.

People's medicines were managed safely. Staff who administered medicines had received the required training to do so. Where people had additional complex needs, such as dysphagia (swallowing difficulties), staff had received training in these areas to ensure they managed people's care safely. We saw that records had been maintained for medicines administered, and found there were no gaps or omissions in the recordings. When we checked the physical stocks of medicines against the stock record, we found this was correct. This demonstrated that people had received their medicines when required.

Regular checks of medicines and recordings were carried out by the team leaders. We saw that no issues or concerns had been identified through recent audits of medicines, and people had received their medicines as intended by the prescriber.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were able to support them positively. One person said, "Staff help me very much, I think they are all very good." Staff we spoke with told us they felt supported by the management team. One staff member told us, "I left here for a while to work somewhere else, but missed working for Hilton, I feel very supported and can access all sorts of training." One person's relative told us, "They are all very knowledgeable and confident so the training and support must be good."

When staff began working with people they underwent a period of induction. They were provided with a corporate induction which reviewed policies, procedures and areas such as working conditions. In addition, staff were provided with core training in areas such as safeguarding, mental capacity, moving and handling, completing care plans and medication. They then shadowed more experienced staff prior to providing care and their performance was monitored by the manager. Staff only began providing care to people once it had been agreed they were competent.

Staff were provided with regular supervision and an annual appraisal. The provider operated an incentivised scheme with annual awards for outstanding staff practise. Staff we spoke with were clearly proud to work for Hilton Community Services, and told us that the awards were a nice way to give something back to staff to help them feel appreciated. Where staff felt they required additional training in some areas, the service manager or registered manager arranged local training. Staff told us about various additional training they had undertaken including nutrition, wound care, dysphagia and choking. They built close links with local health services who also provided them with bespoke training that was specific to a person's particular needs, for example around weight management.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. We found that staff and the registered manager were monitoring and reviewing each person for any capacity issues and where a decision had to be made for the person; this was done following the best interest process and involving individuals close to the person who knew them well and acted as their advocate. However, where people's relatives had informed the staff they had a lasting power of attorney (LPA) to make decisions on people's behalf, they had not shown copies of this document to staff. This meant there was a risk that decisions made around people's health or financial needs for those with an LPA may not have been made in accordance with the principles of the MCA.

During the inspection, the provider wrote to all people's relatives to ensure they supplied copies of the documentation as required. They told us that if people did not have the required documentation then they would review people's decision in line with the principles of the MCA 2005. At the time of the inspection, those people for whom a DoLS authorisation was considered necessary had either one in place or one had been applied for. Whilst awaiting a decision, staff ensured the least restrictive practise was carried out to support people. For example, one person was considered to be unsafe to leave the home unsupervised as they were at risk to become lost and at risk of injury. However, staff ensured they frequently escorted this

person to a variety of places they wanted to go when they chose.

People were supported by staff who continually monitored and reviewed their weights and nutritional needs. Staff accompanied people to regular health reviews and gave the GP details of their weight loss or gain, and any potential risks that may have developed. Staff encouraged people to eat a range of healthy meals, each being based upon the persons particular preferences. We observed staff preparing lunch for people in one setting, and saw each staff member was preparing a different meal for each person. People also had the opportunity to go out for lunch.

Where staff assisted people they did so in an unhurried and calm manner, focused on the person they were supporting and offering kind words of reassurance. One person we observed required a high level of assistance and was dependent completely upon the staff member. The meals they ate took time to eat, however the staff member ensured they warmed the persons meals, spent time with person at their pace and did not rush. This person had particularly complex needs, and in addition to swallowing difficulties and specialist dietary requirements they were palliative care. However, the records of their weight demonstrated that they had been supported well by staff and had not suffered from excessive weight loss. This demonstrated to us that staff were capable of meeting people's nutritional needs positively.

Meal times were sociable, friendly events in the day, and staff encouraged people to come together as a community where this was possible. We saw at breakfast that whilst people were eating their meal there was a warm and friendly buzz in the home. Music was playing in the background, people were smiling and laughing as they ate, and staff were relaxed and informal in their approach. Staff we spoke with were acutely aware of people's nutritional needs, and could tell us from memory whether people required soft or pureed diet and diabetic diets for example.

People using Hilton Community Services were supported by a vast array of health professionals. In addition to GP's, district nurses, and speech and language therapists, people were supported by housing officers, social workers, advocates, consultants from a multitude of disciplines and a wealth of organisations based in the community.

Good

Is the service caring?

Our findings

People told us passionately that staff were caring towards them. People were familiar with staff and where people were able to speak with us they told us that they felt part of a family. People told us they had their favourite staff members, and that the care they received was, "The tops, "and, "Fantastic." Relatives we spoke with were equally as positive about the care their loved one received. One relative told us, "They go above and beyond, and I know that people say that but here it's true. We lost [Persons relative] recently, but the staff have really been a support not just to me but to [Person] and have really taken the time to try to help them understand what has happened. When we visit, [Person] can get upset because I'm alone but the staff help to reassure and support [Person] to come to terms with it."

Staff we spoke with had worked for Hilton Community Services for a number of years. In some examples, they had worked with people when resident on schemes owned and operated by the local authority and transferred with them when they were taken over by Hilton Community Services. This meant that staff knew people exceptionally well, and our observations of the care they delivered demonstrated this. Staff told us they felt the people they cared for were like family, and for one staff member who had worked with a person over a long period of time, we saw they became quite emotional when discussing the person's possible end of life care needs. It was clear that staff had developed strong professional relationships with the people they supported, which was in turn reciprocated by people in relaxed and positive manner they interacted with them.

A social care professional told us, "The quality of care is underpinned solely by the dedication, motivation and commitment of the whole team to making a difference every day to people's lives by treating them as individuals."

When staff spoke to us about people's needs they did so in a respectful and sensitive manner ensuring we could not be overheard by others. We observed throughout the inspection that people were well dressed, in clean clothes and staff had spent time assisting them to look how they wanted to. One staff member told us, "[Person] has a cupboard of aftershaves, they like to smell nice, so we make sure that when we help them we always give them their choice of which one they want on the day." One person told us, "They [Staff] treat me nicely and care about me and I like them helping me with my things, they make me feel good."

We found that this combination of caring approach and commitment to people enabled staff to make a real difference to people`s lives. Staff talked with kindness and compassion about people and supported them through happiness and sadness, with equal dedication. This was confirmed by people and relatives we spoke with. For example, one person's relative had developed Alzheimer's, which presented staff with a series of challenges when the person visited the home. However, it was important for them to visit to maintain continuity for both the person using the service, and their relatives. Staff supported the person with regular visits to their family member and at times drive to pick them up at the end of their visit. Staff ensured they supported not only the person, but also the family. This person's relative told us, "I'm sure it was difficult sometimes especially later on, but that didn't bother the staff because they knew that [Person] needed to see us both. When we visited you could see that [Person] was pleased, it just wouldn't have been

the same if we couldn't do it as a family."

People were encouraged to maintain good relationships with their family and staff had also developed close ties with people's relatives. We saw that when relatives visited, a buzz emanated around the home and people, relatives and staff all engaged together, embracing, talking, laughing and being at ease. People were all included and there was a sense of togetherness in the home with everyone included. One person's relative told us, "When I walk in here, good day or bad day, it feels like home and I feel comfortable, we have all been together for so long that I talk about the others sometimes as if they are my own." This meant that staff enabled people to keep in touch with their family by creating a warm atmosphere to motivate family members to visit regularly

People were involved in making decisions and choices about their care. Care plans were developed in an accessible format so that people, who were unable to communicate verbally, were able to understand and express how they wanted their care provided. For example, care plans were developed in an easy read format and staff used pictures to communicate with people where necessary. It was clear that decisions and choices about how people received their care had been made over a number of years in partnership with staff, people and relatives who knew them best. Prior of people moving into the home the manager encouraged them to meet staff and other people and to consider how they would fit into the home and live there. For example, one person was in the process of being assessed and meeting other people living in the home was an intrinsic part of this. The service manager told us this was to ensure people were able to express their views, but also because of people's individual needs. They said that it would not be right to place people who had sensitivity to noise in a setting that could not meet this due to each person's character. This effective way of assessing each person who moved in the homes contributed to the continued manner in which people were seen to be happy and settled in the homes and living an active and full life supported by a caring staff group.

Good

Is the service responsive?

Our findings

People were able to choose how they wished to spend their day with staff`s support. One person was seen to arrange with staff a visit in the local town and a discussion was then held about times and who they wanted to go with.

People's specific interests, hobbies, and pursuits had been documented and recorded within their care records, and we saw that staff were passionate and committed to ensure people were able to engage in whatever activity they chose. Within the various homes there were planned events that took place such as group activities consisting of barbecues, visiting other local homes and meeting friends, birthdays, shopping and various impromptu activities such as listening to music, playing musical instruments and various games.

However people were also provided with specific one to one activities. This meant that each person was then able to pursue a tailored personalised weekly schedule that they had chosen themselves. For example, people were able to attend local colleges for music lessons, or help at the local church arranging flowers for services. This provided a structure for the person but this also allowed for flexibility and for people to change their minds.

People were seen to be either out and about during our inspection or being supported with a specific activity that was individual to them. For example, in one home we visited, everybody was out for the day, either at college or day service and one person remained home. Staff were seen to happily sit with the person, playing their favourite music videos via their laptop and singing along. The person was seen to be immersed in this, taking little notice of our presence, but being at ease and content with the staff member entertaining them.

People were also supported to remain independent where possible with household tasks such as laundry, cleaning and where possible small cooking tasks. Where people were able to staff supported them in the kitchen to assist with meal preparation or helped with a variety of household tasks. Staff told us it was important to ensure that people were enabled to maintain their independence.

Care plans, much like people's activity plans, were developed to reflect people's individual needs. Hilton Community Services Ltd was commissioned by local authorities to provide care to people over a 24 hour period, seven days a week. This was to include areas such as continence care, washing, bathing, administering medicines, supporting people in the community, and assisting with preparing and eating their meals, however a number of other areas were also provided. Care plans had clearly been developed in line with the care the service was expected to provide, with the person, regardless of their ability to communicate verbally by using a variety of prompts and visual aids. People's families had been able to assist in developing people's care, and they told us they felt fully involved in updates regarding their care. One person's relative said, "I don't visit as much as I would like to, but the distance is not a factor in Hilton keeping me up to date with what is going on and what is needed. I feel part of [Persons] care even though I am not there."

People told us they would be confident to raise anything that concerned them with staff or the manager and provider who they knew well. People and relatives were able to tell us that the provider visited the homes regularly and knew them by name. They said that this helped them feel confident in raising any concerns they had that required escalating and that these would be dealt with.

People were provided with a copy of the complaints procedure and staff told us they would routinely review and assist them with understanding the content. People's relatives were aware of how to raise complaints both with Hilton Community Services staff and with external organisations such as social work teams and CQC. Complaints that had been received were appropriately documented investigated and recorded. Within the homes, meetings were not routinely held, however people, relatives and staff told us they were able to speak freely with the team leaders for each service and able to discuss areas or ideas for improvement or development of the service, or to be kept informed of any changes that may affect the running of the homes.

Good

Is the service well-led?

Our findings

The provider clearly led by example, with a philosophy of care that was shared among the management team and care staff who worked for them. It was clear that the provider's belief around high quality care for people always came first, and that the services provided by Hilton Community Care should reflect those of family values. Staff, relatives and professionals all confirmed that the provider was not only visible and supportive, but that their ethos of care was delivered by all staff to people. This was clearly demonstrated a service where people came first which was led by the provider.

Staff told us that the provider and registered manager were visible, and felt they could approach them at any time to discuss matters relating to the running of the service. One staff member said, "[Provider] and [Registered Manager] are very open and accommodating with anything I ever want to chat about, I think we are all very much involved and consulted."

Staff told us they attended regular meetings with the manager, and regularly spoke with the provider which gave them an opportunity to contribute ideas and suggestions about the service provided to people. A health professional confirmed that the staff and manager were approachable, listened to their views and were receptive to feedback. They commented, "They [Staff] are all open to discussions about what's best for people and willing to try new ideas or initiatives, as long as they can see the logic and benefit to people then they give most suggestions a real go."

People's care records were accurate and were updated which provided an accurate record of the care needs of people. Daily records of care depicted a clear explanation of not only the care provided to the person during the day, but also observations of the person's mood and demeanour. This helped to ensure that staff were able to review people for patterns in mood and behaviour for an effective care review.

The provider monitored and assessed incidents, injuries or potential allegations of abuse regularly and would ensure that any incident that required investigation was carried out swiftly. Notifications were made to CQC and the local authority as required, and we saw that the provider was responsive in addressing the concerns or issues that arose from these. Routinely, and as part of ensuring services were of high quality, the provider, supported by members of the administrative team regularly visited the homes unannounced and spent time not only looking through the records, but talking to people and their relatives. The provider met regularly with the registered manager to review the findings from the audits and to ensure that the actions were carried out.

We saw additional audits were completed and covered areas such as medicines, peoples care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans. Notifications that were required to be submitted to CQC to inform us of any incidents or issues in the service had been submitted when required. We concluded that this was an effective system for monitoring the quality of care and support provided and driving improvements with the service.

The provider ensured people's views about the service were sought and carried out regular surveys with both people using the services and also their relatives and relevant health care professionals. Feedback was positive about the service from all those we spoke with and also from the feedback received.

The provider ensured that they worked proactively with the various landlords and housing providers that people rented their home from. People held their own tenancy with these organisations and managed their own affairs relating to their housing needs; however the provider supported them to ensure repairs were carried out and essential safety checks were undertaken.